

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee For Period June 1 to June 30, 2009

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts & Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: 7/14/09
(date)

Debtor(s)*: Prevalence Health LLC

By:** Michael P. Schony

Position: PRESIDENT

Name of preparer: CHRIS COOLEY

Telephone No. of Preparer (604) 981-0070 x 233

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

ASSETS:	Filing	Date					Month					Month				
	Date	Month					Month					Month				
CURRENT ASSETS:	5/31/09	6/30/09														
Cash.....	579,988	616,550														
Accounts Receivable, Net.....	960,787	861,350														
Inventory, at lower of cost or market.....	369,452	372,870														
Prepaid expenses & deposits.....	118,110	151,593														
Other																
TOTAL CURRENT ASSETS.....	2019,337	2002,363														
PROPERTY, PLANT & EQUIPMENT.....	2386,097	2386,097														
Less accumulated depreciation.....	(2,244,328)	(2,253,093)														
NET PROPERTY, PLANT & EQUIPMENT.....	141,769	133,004														
OTHER ASSETS:																
Deposits.....	48,192	54,193														
TOTAL OTHER ASSETS.....	48,192	54,193														
TOTAL ASSETS.....	2,209,298	2,185,600														

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

* Adjustments from May 31 to June 9 are not available

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

COMPARATIVE BALANCE SHEET

LIABILITIES:	Filing		Date		Month		Month		Month		Month	
	Date		Month		Month		Month		Month		Month	
POST-PETITION LIABILITIES:	5/31/09		6/30/09									
Taxes payable (Form 2-E, pg.1 of 3).....												
Accounts payable (Form 2-E, pg.1 of 3).....			94,609									
Other: <u>Accrued Payroll, Vacation</u>			135,461									
<u>Misc. Accruals</u>												
TOTAL POST-PETITION LIABILITIES:.....			230,070									
PRE-PETITION LIABILITIES:												
Notes payable - secured.....												
Priority debt.....												
Unsecured debt.....	585,600		5,732,291									
Other.....												
TOTAL LIABILITIES.....	585,600		5,732,291									
EQUITY (DEFICIT)												
PREFERRED STOCK.....	5,994,125		5,994,125									
COMMON STOCK.....												
RETAINED EARNINGS:												
Through filing date.....	49,635,427		49,635,427									
Post filing date.....			4,137,499									
TOTAL EQUITY (NET WORTH).....	49,635,427		54,772,926									
TOTAL LIABILITIES & EQUITY.....	2,209,298		2,189,560									

* Adjustments from May 31 to June 9 are not available

CASE NAME: Prevature Health LLC
CASE NUMBER: 09-02016-ee

PROFIT AND LOSS STATEMENT

	Month *	Month	Month	Month	Month	Month
NET REVENUE.....	6/1/09 - 6/30/09					
	1,234,205					
COST OF GOODS SOLD:						
Material.....	1,028,341					
Labor - Direct.....						
Manufacturing Overhead.....						
TOTAL COST OF GOODS SOLD:	1,028,341					
GROSS PROFIT:.....	205,864					
OPERATING EXPENSES:						
Selling and Marketing.....						
General and Administrative (rents, utilities, salaries, etc.)	328,598					
Other.....						
TOTAL OPERATING EXPENSES.....						
INTEREST EXPENSE.....						
INCOME BEFORE DEPRECIATION OR TAXES:.....						
DEPRECIATION OR AMORTIZATION.....	8765					
EXTRAORDINARY EXPENSES *	0					
INCOME TAX EXPENSE (BENEFIT)	0					
NET INCOME (LOSS)	113,499					

*Requires explanation in NARRATIVE (Form 2-F)

* Adjustments from May 31 to June 30 are not available

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

* For Period June 1 to June 30, 2009

CASH RECONCILIATION

1. Beginning Cash Balance (Ending Cash Balance from last month's report) \$ 570,988
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's) \$ 1308,002
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's) \$(1,262,440)
4. Net Cash Flow \$ 45,562
5. Ending Cash Balance (to FORM 2-B) \$ 616,550

CASH SUMMARY - ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	\$	
2. Trust Account	\$	
3. Operating and/or Personal Account	<u>\$ 616,550</u>	<u>Regions Bank</u>
4. Payroll Account	\$	
5. Tax Account	\$	
6. Other Accounts (Specify checking or savings)	\$	
7. Cash Collateral Account	\$	
8. Petty Cash	\$	

TOTAL (must agree with line 5 above) \$ 616,550

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less inter-account transfers & UST fees paid \$ 825,337 *

Cash Disb 6/1 to 6/30 1,262,440

Cash Disb 6/1 to 6/8 4437,103)

Disb 6/9 to 6/30 825,337

* NOTE: This amount should be used to determine UST quarterly fees due and agree with Form 2-D, page 2 of 4.

* Period June 1 to June 30 was used to match balance sheet comparison on Form 2 B

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

QUARTERLY FEE SUMMARY

MONTH ENDED June 30 2009

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ _____			
February	\$ _____			
March	\$ _____			
Total				
1st Quarter	\$ _____	\$ _____		
April	\$ _____			
May	\$ _____			
June	\$ <u>825,337</u>			
Total				
2nd Quarter	\$ <u>825,337</u>	\$ <u>4,875</u>		
July	\$ _____			
August	\$ _____			
September	\$ _____			
Total				
3rd Quarter	\$ _____	\$ _____		
October	\$ _____			
November	\$ _____			
December	\$ _____			
Total				
4th Quarter	\$ _____	\$ _____		

DISBURSEMENT CATEGORY QUARTERLY FEE DUE

\$0 to \$14,999.99	\$325
\$15,000 to \$74,999.99	\$650
\$75,000 to \$149,999.99	\$975
\$150,000 to \$224,999.99	\$1,625
\$225,000 to \$299,999.99	\$1,950
\$300,000 to \$999,999.99	\$4,875
\$1,000,000 to \$1,999,999.99	\$6,500
\$2,000,000 to \$2,999,999.99	\$9,750
\$3,000,000 to \$4,999,999.99	\$10,400
\$5,000,000 to \$14,999,999.99	\$13,000
\$15,000,000 to \$29,999,999.99	\$20,000
\$30,000,000 or more	\$30,000

Note that a minimum payment of \$325 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ec

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

* For Period June 1 to June 30, 2009

Account Name: Prevalence Health Account Number: 9001277993

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

Total Cash Receipts \$1,308,002

* Period June 1 to June 30 was used to match balance sheet comparison

Prevalence Health LLC
June 2009 Cash Deposits

Date	Description (Source)	Amount
6/1/2009	Patient Co-Pay Payment	\$83.79
6/1/2009	Insurance / Medicaid / Medicare	\$279.32
6/1/2009	Insurance / Medicaid / Medicare	\$896.63
6/1/2009	Insurance / Medicaid / Medicare	\$22,187.72
6/2/2009	Insurance / Medicaid / Medicare	\$52.47
6/2/2009	Patient Co-Pay Payment	\$320.72
6/2/2009	Insurance / Medicaid / Medicare	\$1,191.57
6/2/2009	Insurance / Medicaid / Medicare	\$79,246.40
6/3/2009	Insurance / Medicaid / Medicare	\$3.40
6/3/2009	Insurance / Medicaid / Medicare	\$175.90
6/3/2009	Patient Co-Pay Payment	\$408.60
6/3/2009	Insurance / Medicaid / Medicare	\$1,522.55
6/3/2009	Insurance / Medicaid / Medicare	\$30,793.48
6/4/2009	Insurance / Medicaid / Medicare	\$1.25
6/4/2009	Patient Co-Pay Payment	\$42.00
6/4/2009	Insurance / Medicaid / Medicare	\$19,606.85
6/4/2009	Insurance / Medicaid / Medicare	\$78,333.86
6/5/2009	Patient Co-Pay Payment	\$817.62
6/5/2009	Insurance / Medicaid / Medicare	\$41,159.19
6/8/2009	Patient Co-Pay Payment	\$365.26
6/8/2009	Insurance / Medicaid / Medicare	\$408.37
6/9/2009	Patient Co-Pay Payment	\$232.60
6/9/2009	Patient Co-Pay Payment	\$1,041.08
6/9/2009	Insurance / Medicaid / Medicare	\$2,723.07
6/9/2009	Insurance / Medicaid / Medicare	\$2,930.21
6/9/2009	Insurance / Medicaid / Medicare	\$8,547.77
6/9/2009	Insurance / Medicaid / Medicare	\$27,933.03
6/9/2009	Insurance / Medicaid / Medicare	\$42,762.25
6/9/2009	Insurance / Medicaid / Medicare	\$56,631.93
6/10/2009	Patient Co-Pay Payment	\$208.50
6/10/2009	Insurance / Medicaid / Medicare	\$271.35
6/10/2009	Sale of expired Inventory	\$3,410.47
6/11/2009	Insurance / Medicaid / Medicare	\$4.41
6/11/2009	Patient Co-Pay Payment	\$93.71
6/11/2009	Insurance / Medicaid / Medicare	\$429.49
6/11/2009	Patient Co-Pay Payment	\$550.62
6/11/2009	Insurance / Medicaid / Medicare	\$721.28
6/11/2009	Sale of expired Inventory	\$1,127.31
6/11/2009	Insurance / Medicaid / Medicare	\$1,192.89
6/11/2009	Insurance / Medicaid / Medicare	\$6,770.97
6/11/2009	Insurance / Medicaid / Medicare	\$56,414.46
6/11/2009	Insurance / Medicaid / Medicare	\$98,838.22
6/11/2009	Insurance / Medicaid / Medicare	\$102,839.00
6/12/2009	Patient Co-Pay Payment	\$155.50
6/12/2009	Patient Co-Pay Payment	\$329.02
6/12/2009	Insurance / Medicaid / Medicare	\$834.59
6/15/2009	Patient Co-Pay Payment	\$352.42
6/15/2009	Insurance / Medicaid / Medicare	\$11,691.67
6/15/2009	Insurance / Medicaid / Medicare	\$39,224.40
6/16/2009	Insurance / Medicaid / Medicare	\$6.63
6/16/2009	Patient Co-Pay Payment	\$96.38
6/16/2009	Insurance / Medicaid / Medicare	\$127.79
6/16/2009	Patient Co-Pay Payment	\$1,023.14
6/16/2009	Insurance / Medicaid / Medicare	\$84,844.07
6/17/2009	Patient Co-Pay Payment	\$6.00

Date	Description (Source)	Amount
6/17/2009	Patient Co-Pay Payment	\$35.00
6/17/2009	Insurance / Medicaid / Medicare	\$1,640.95
6/17/2009	Insurance / Medicaid / Medicare	\$47,877.47
6/18/2009	Insurance / Medicaid / Medicare	\$34.91
6/18/2009	Patient Co-Pay Payment	\$96.21
6/18/2009	Patient Co-Pay Payment	\$123.37
6/18/2009	Insurance / Medicaid / Medicare	\$2,514.55
6/18/2009	Insurance / Medicaid / Medicare	\$12,986.80
6/18/2009	Insurance / Medicaid / Medicare	\$53,481.47
6/19/2009	Patient Co-Pay Payment	\$311.60
6/19/2009	Insurance / Medicaid / Medicare	\$22,526.00
6/22/2009	Patient Co-Pay Payment	\$269.89
6/22/2009	Insurance / Medicaid / Medicare	\$22,744.95
6/22/2009	Insurance / Medicaid / Medicare	\$29,739.16
6/23/2009	Insurance / Medicaid / Medicare	\$3.00
6/23/2009	Insurance / Medicaid / Medicare	\$15.09
6/23/2009	Sale of expired Inventory	\$106.77
6/23/2009	Patient Co-Pay Payment	\$661.68
6/23/2009	Insurance / Medicaid / Medicare	\$677.04
6/23/2009	Insurance / Medicaid / Medicare	\$2,066.05
6/23/2009	Insurance / Medicaid / Medicare	\$4,970.07
6/23/2009	Insurance / Medicaid / Medicare	\$11,087.52
6/23/2009	Insurance / Medicaid / Medicare	\$26,118.28
6/23/2009	Insurance / Medicaid / Medicare	\$27,941.62
6/24/2009	Patient Co-Pay Payment	\$20.30
6/24/2009	Patient Co-Pay Payment	\$146.84
6/24/2009	Insurance / Medicaid / Medicare	\$318.49
6/24/2009	Insurance / Medicaid / Medicare	\$881.16
6/24/2009	Insurance / Medicaid / Medicare	\$1,251.90
6/24/2009	Insurance / Medicaid / Medicare	\$32,415.48
6/25/2009	Patient Co-Pay Payment	\$89.59
6/25/2009	Insurance / Medicaid / Medicare	\$120.74
6/25/2009	Insurance / Medicaid / Medicare	\$8,044.13
6/25/2009	Insurance / Medicaid / Medicare	\$56,366.01
6/26/2009	Patient Co-Pay Payment	\$55.41
6/26/2009	Inventory Rebate Check	\$120.80
6/26/2009	Patient Co-Pay Payment	\$144.50
6/26/2009	Insurance / Medicaid / Medicare	\$30,373.16
6/29/2009	Insurance / Medicaid / Medicare	\$55.70
6/29/2009	Patient Co-Pay Payment	\$65.00
6/29/2009	Insurance / Medicaid / Medicare	\$161.82
6/30/2009	Insurance / Medicaid / Medicare	\$35.85
6/30/2009	Patient Co-Pay Payment	\$108.39
6/30/2009	Insurance / Medicaid / Medicare	\$371.59
6/30/2009	Insurance / Medicaid / Medicare	\$928.72
6/30/2009	Insurance / Medicaid / Medicare	\$14,827.90
6/30/2009	Insurance / Medicaid / Medicare	\$25,878.46
6/30/2009	Insurance / Medicaid / Medicare	\$4,046.58
6/30/2009	Insurance / Medicaid / Medicare	\$4,786.48
6/30/2009	Insurance / Medicaid / Medicare	\$11,666.73
6/30/2009	Insurance / Medicaid / Medicare	\$14,428.18
		<u>\$1,308,002.54</u>

CASE NAME: Prevalence Health LLC

CASE NUMBER: 09-02016-ee

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of FORM 2-D that the debtor maintained during the month.)

* For Period June 1 to June 30, 2009

Account Name: Prevalence Health Account Number: 9001277993

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

Total Cash Disbursements \$ 1,262,440

*Identify any payments to professionals, owners, partners, shareholders, officers, directors or any insiders and all adequate protection payments ordered by the court with an asterisk or highlighting. Any payments made as a result of a court order, should indicate the order date.

* Period June 1 to June 30 was used to match balance sheet comparison on Form 2 B

Prevalence Health LLC
June 2009 Cash Disbursements

Date	Check Number	Payee	Description (Purpose)	Amount
6/1/2009	eft 6 1 2009	Amerisource	Inventory	(\$69,238.00)
6/1/2009	eft 6 1 09	Amerisource	Inventory	(\$6,800.73)
6/1/2009	wire 6 1 2009	Blue Cross Blue Shield Of MS	Major Medical	(\$11,769.38)
6/2/2009	61036	Advocate Solutions	Outsourced Pharmacists	(\$1,992.00)
6/2/2009	61041	Aetna Maintenance, Inc.	Janitorial Services	(\$500.32)
6/2/2009	eft 6 2 09	Amerisource	Inventory	(\$44,309.35)
6/2/2009	eft 6 2 09	Amerisource	Inventory	(\$30,000.00)
6/2/2009	61056	Ashley Mason	Expense Reimbursement	(\$785.71)
6/2/2009	61042	AT&T - Florida	Telephone Service	(\$887.93)
6/2/2009	61037	AT&T - LA/MS	Telephone Service	(\$1,815.45)
6/2/2009	61038	Big Red Storage No. 1	Off-site Storage	(\$99.00)
6/2/2009	61039	Brunini, Grantham, Grower & Hewes, PLLC	Legal Fees	(\$1,000.00)
6/2/2009	61040	Community Coffee LLC	Office Coffee	(\$117.60)
6/2/2009	61043	Data Keepers LLC	Off-site Storage	(\$40.00)
6/2/2009	61044	Demco	Utilities	(\$370.00)
6/2/2009	61045	Devesa Exterminating Corp.	Exterminator	(\$55.00)
6/2/2009	61049	Florida Power & Light	Utilities	(\$1,102.54)
6/2/2009	61047	Home Diagnostics, Inc.	Inventory	(\$6,168.00)
6/2/2009	61048	Quill	Office Supplies	(\$97.77)
6/2/2009	eft 6 2 09	Regions Bank	Bank Fees	(\$64.21)
6/2/2009	61050	Stanley Convergent Security Solution	Security Services	(\$81.00)
6/2/2009	61046	Tri State Distribution, Inc.	Pharmacy Supplies	(\$1,940.87)
6/2/2009	61051	ULINE	Pharmacy Supplies	(\$338.50)
6/2/2009	61052	UPS	Product Delivery	(\$11,347.82)
6/2/2009	61053	Waste Management - Baton Rouge	Dumpster Services	(\$198.18)
6/2/2009	61054	Waste Management - Florida	Dumpster Services	(\$361.92)
6/2/2009	61055	Westport Business Park Associates LLP	Office rent	(\$11,103.57)
6/3/2009	eft 6 3 09	Amerisource	Inventory	(\$48,822.58)
6/3/2009	61057	First Commercial Bank	Interest on Line of Credit	(\$7,666.66)
6/4/2009	eft 6 4 09	Amerisource	Inventory	(\$39,111.63)
6/4/2009	eft 6 4 09	Pitney Bowes-INTERNAL USE ONLY	Purchase of Postage	(\$200.00)
6/4/2009	61058	Reliance Standard	Employee Insurance	(\$1,149.98)
6/5/2009	eft 6 5 09	Amerisource	Inventory	(\$31,912.54)
6/5/2009	eft 6 5 09	Butler Snow	Legal Fees	(\$56,039.00)
6/5/2009	wire 6 5 09	Cardinal Health	Inventory	(\$2,241.77)
6/5/2009	61059	Cooley & Associates, Inc.	Outsourced Accounting	(\$4,875.00)
6/5/2009	61061	Gerald Waguespack	Expense Reimbursement	(\$18.90)
6/5/2009	61060	Michael Anthony	Expense Reimbursement	(\$1,546.78)
6/5/2009	eft 6 5 09	Pitney Bowes-INTERNAL USE ONLY	Purchase of Postage	(\$500.00)
6/5/2009	wire 6 5 09	Regions Bank	Bank Fees	(\$20.00)
6/5/2009	61062	Shella Gibbs	Expense Reimbursement	(\$18.20)
6/8/2009	eft 6 8 09	Amerisource	Inventory	(\$40,395.59)
6/9/2009	eft 6 9 09	American Express	Misc. Office and travel expenses	(\$860.56)
6/9/2009	61064	Arleatha Nichols	Expense Reimbursement	(\$438.29)
6/9/2009	eft 6 9 09	Regions Bank	Bank Fees	(\$581.50)
6/9/2009	61063	USPS/ Davie BRM Clerk	Business Reply Postage	(\$770.00)
6/10/2009	eft 6 10 09	Amerisource	Inventory	(\$70,925.07)
6/11/2009	eft 6 11 09	Amerisource	Inventory	(\$27,000.00)
6/12/2009	812	Employee Payroll	Employee Payroll	(\$54,030.74)
6/12/2009	eft 6 12 09	Pitney Bowes-INTERNAL USE ONLY	Purchase of Postage	(\$200.00)
6/15/2009	eft 6 15 09	Amerisource	Inventory	(\$95,312.35)
6/15/2009	eft 6 15 09	Securian Retirement Services	401(k) employee withholding payments	(\$121.14)
6/16/2009	eft 6 16 09	Amerisource	Inventory	(\$41,351.68)
6/17/2009	eft 6 17 09	Amerisource	Inventory	(\$31,688.00)
6/17/2009	eft 6 17 09	Amerisource	Inventory	(\$30,000.47)

Date	Check Num	Payee	Description (Purpose)	Amount
6/19/2009	eft 6 19 09	Amerisource	Inventory	(\$16,794.50)
6/19/2009	61066	Cooley & Associates, Inc.	Outsourced Accounting	(\$2,625.00)
6/19/2009	eft 6 19 09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$4,330.00)
6/19/2009	61065	FedEx	Product Delivery	(\$6,000.00)
6/22/2009	61067	ACS Edi Gateway, Inc.	Claims Processing	(\$210.00)
6/22/2009	eft 6 22 09	Amerisource	Inventory	(\$21,587.58)
6/22/2009	61068	Anda	Inventory	(\$2,681.82)
6/22/2009	61078	AT&T - Florida	Telephone Service	(\$169.96)
6/22/2009	61069	City of Zachary	Utilities	(\$14.17)
6/22/2009	61082	Gas Utility Dist. #1	Utilities	(\$20.28)
6/22/2009	61070	PFS of the South, Inc.	Business insurance	(\$8,479.84)
6/22/2009	61084	UPS	Product Delivery	(\$19,476.19)
6/23/2009	eft 6 23 09	Amerisource	Inventory	(\$47,977.79)
6/23/2009	61085	AT&T - LA/MS	Telephone Service	(\$1,751.84)
6/23/2009	Paid by wire	Bayer HealthCare LLC	Inventory	(\$4,387.20)
6/23/2009	eft 6 23 09	Pitney Bowes-INTERNAL USE ONLY	Purchase of Postage	(\$1,000.00)
6/23/2009	eft 6 23 09	Pitney Bowes-INTERNAL USE ONLY	Purchase of Postage	(\$200.00)
6/23/2009	61086	ULINE	Pharmacy Supplies	(\$396.50)
6/24/2009	wire 6 24 09	Amerisource	Inventory	(\$40,106.07)
6/25/2009	61088	Advocate Solutions	Outsourced Pharmacists	(\$2,656.00)
6/25/2009	eft 6 25 09	Amerisource	Inventory	(\$30,609.00)
6/25/2009	61087	Arleatha Nichols	Expense Reimbursement	(\$1,500.00)
6/25/2009	61089	Quill	Office Supplies	(\$402.79)
6/25/2009	EFT 6 25 09	Regions Bank	Bank Fees	(\$95.00)
6/25/2009	eft 6 25 09	Securian Retirement Services	401(k) employee withholding payments	(\$121.15)
6/26/2009	812	Employee Payroll	Employee Payroll	(\$53,693.68)
6/26/2009	814	Employee Payroll	Employee Payroll	\$668.92
6/26/2009	eft 6 26 09	Amerisource	Inventory	(\$23,796.42)
6/29/2009	eft 6 29 09	Amerisource	Inventory	(\$70,903.45)
6/29/2009	Wire pmt	Bayer HealthCare LLC	Inventory	(\$3,284.40)
6/29/2009	eft 6 30 09	DDP Medical Supply & Diamond Diabetic Products	Inventory	(\$595.02)
6/30/2009	eft 6 30 09	Amerisource	Inventory	(\$68,175.71)
6/30/2009	eft 6 30 09	Amerisource	Inventory	(\$38,489.64)
6/30/2009	61093	GTI Industries, Inc.	Pharmacy Supplies	(\$292.48)
6/30/2009	Journal Entry	Pitney Bowes Purchase Power	Purchase of (Reversal)	\$174.40
6/30/2009	61092	Quill	Office Supplies	(\$77.03)
				<u>(\$1,262,440.47)</u>

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period June 1 to June 30, 2009

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW			\$	\$	\$	\$
FICA						
FUTA						
SITW						
SUTA						
OTHER TAX						
TRADE PAYABLES						
OTHER						
TOTALS	94609	94609	\$ 94609	\$ —	\$ —	\$ —

Prevalence Health LLC

Post Petition Payables as of June 30, 2009

Vendor	Date	No.	Due Date	Age	Open Balance
Advocate Solutions	6/15/2009	2032- Post-Petition	6/15/2009	28	\$664.00
Advocate Solutions Total					\$664.00
American Express	6/23/2009	6/23/09	6/23/2009	20	\$2,236.98
American Express Total					\$2,236.98
Arleatha Nichols	6/19/2009	6/15-6/19/09	6/19/2009	24	\$90.00
Arleatha Nichols Total					\$90.00
AT&T - Florida	6/11/2009	1809 6/11-7/10/09	7/9/2009	4	\$884.53
AT&T - Florida	6/28/2009	1809 6/28-7/27/09	7/26/2009	-13	\$38.86
AT&T - Florida	6/28/2009	1802 6/28-7/27/09	7/26/2009	-13	\$125.13
AT&T - Florida	6/28/2009	1806 6/28-7/27/09	7/26/2009	-13	\$21.74
AT&T - Florida Total					\$1,070.26
AT&T - LA/MS	6/29/2009	0592 6/29-7/28/09	7/27/2009	-14	\$625.84
AT&T - LA/MS Total					\$625.84
AT&T- ABN Acct.	6/19/2009	9263807005	7/14/2009	-1	\$1,346.54
AT&T- ABN Acct. Total					\$1,346.54
Avaya Financial Services	6/22/2009		6/22/2009	21	\$1,150.15
Avaya Financial Services	6/29/2009		6/29/2009	14	\$1,150.15
Avaya Financial Services Total					\$2,300.30
Avaya, Inc.	6/26/2009	2728939461	6/26/2009	17	\$761.49
Avaya, Inc. Total					\$761.49
Banc Of America Leasing	6/20/2009		7/15/2009	-2	\$291.50
Banc Of America Leasing Total					\$291.50
Big Red Storage No. 2	6/18/2009	7/1-7/31/09	6/18/2009	25	\$99.00
Big Red Storage No. 2 Total					\$99.00
BRDP- Baton Rouge Duplicating Products	6/12/2009	CNIN032309	6/22/2009	21	\$65.01
BRDP- Baton Rouge Duplicating Products Total					\$65.01
Christopher W Benton	6/20/2009		6/20/2009	23	\$400.00
Christopher W Benton Total					\$400.00
Cintas Corporation	6/10/2009	549766462	7/10/2009	3	\$160.02
Cintas Corporation Total					\$160.02
CobraSource, Inc.	6/20/2009	150022	6/20/2009	23	\$66.00
CobraSource, Inc. Total					\$66.00
CSC- Corporation Service Company	6/13/2009	72325133	7/13/2009	0	\$341.00
CSC- Corporation Service Company Total					\$341.00
Demco	6/12/2009	5/5-6/8/09	7/2/2009	11	\$525.00
Demco Total					\$525.00
FedEx	6/16/2009	9-229-56990	7/1/2009	12	\$16.46
FedEx	6/18/2009	9-231-69918	7/3/2009	10	\$1,094.62
FedEx	6/18/2009	9-232-72034	7/3/2009	10	\$15.77
FedEx	6/25/2009	9-239-91279	7/10/2009	3	\$232.38
FedEx	6/30/2009	9-244-93046	7/15/2009	-2	\$13.00
FedEx Total					\$1,372.23
Florida Power & Light	6/23/2009	71203- 6/9-6/19/09	7/13/2009	0	\$260.27
Florida Power & Light	6/23/2009	42201- 6/9-6/19/09	7/13/2009	0	\$426.88
Florida Power & Light Total					\$687.15
Gerald Waguespack	6/26/2009	6/2-6/30/09	6/26/2009	17	\$19.95

Vendor	Date	No.	Due Date	Age	Open Balance
Gerald Waguespack Total					\$19.95
Global Crossing Telecommunications	6/26/2009	9032125064	7/26/2009	-13	\$450.56
Global Crossing Telecommunications Total					\$450.56
Hamilton Partners	6/20/2009		6/20/2009	23	\$14,769.94
Hamilton Partners Total					\$14,769.94
Home Diagnostics, Inc.	6/15/2009	1290916	8/14/2009	-32	\$7,656.00
Home Diagnostics, Inc.	6/17/2009	1291150	8/16/2009	-34	\$1,719.00
Home Diagnostics, Inc. Total					\$9,375.00
Ikon Office Solutions	6/14/2009	5011631556	7/10/2009	3	\$206.72
Ikon Office Solutions Total					\$206.72
Iron Mountain	6/30/2009	ALT6910	7/30/2009	-17	\$142.16
Iron Mountain Total					\$142.16
Iron Mountain Information Management d/b/a Live Vault	6/30/2009	30038257	7/30/2009	-17	\$1,913.26
Iron Mountain Information Management d/b/a Live Vault Total					\$1,913.26
Kentwood Springs	6/10/2009	0609 1823186 3487506	7/2/2009	11	\$52.05
Kentwood Springs Total					\$52.05
Kerioth	6/20/2009		6/20/2009	23	\$5,500.00
Kerioth Total					\$5,500.00
Kubra Tennessee LLC	6/26/2009	27275	7/26/2009	-13	\$1,386.78
Kubra Tennessee LLC Total					\$1,386.78
Lifoam Industries LLC	6/18/2009	2302378	7/18/2009	-5	\$1,682.66
Lifoam Industries LLC	6/30/2009	2303653	7/30/2009	-17	\$764.41
Lifoam Industries LLC Total					\$2,447.07
Lincoln Financial	6/1/2009	6/1/2009	7/1/2009	12	\$1,001.85
Lincoln Financial Total					\$1,001.85
Machost Road LLC	6/20/2009		6/20/2009	23	\$7,737.50
Machost Road LLC Total					\$7,737.50
Michael Anthony	6/30/2009	6/1-6/30/09	6/30/2009	13	\$1,245.78
Michael Anthony Total					\$1,245.78
North Shore Gas	6/15/2009	5/13-6/12/09	6/30/2009	13	\$2,789.23
North Shore Gas Total					\$2,789.23
Pitney Bowes Global Financial Services LLC	6/13/2009	6613278A-AP09	6/28/2009	15	\$2,656.08
Pitney Bowes Global Financial Services LLC Total					\$2,656.08
Pitney Bowes Inc.	6/21/2009	295834LN	7/14/2009	-1	\$50.02
Pitney Bowes Inc. Total					\$50.02
Quill	6/25/2009	7630617	7/25/2009	-12	\$312.56
Quill Total					\$312.56
Reliance Standard	6/18/2009	A 7/1-7/31/09	6/18/2009	25	\$11.10
Reliance Standard	6/18/2009	7/1-7/31/09	6/18/2009	25	\$385.75
Reliance Standard	6/18/2009	7/1-7/31/09	6/18/2009	25	\$177.40
Reliance Standard Total					\$574.25
Sprint	6/27/2009	Activity through 6/26/09	7/22/2009	-9	\$2,820.65
Sprint Total					\$2,820.65
Stanley Convergent Security Solution	6/15/2009	6437869	6/15/2009	28	\$81.00
Stanley Convergent Security Solution	6/15/2009	6451038	6/15/2009	28	\$339.00
Stanley Convergent Security Solution Total					\$420.00
Sun Microsystems Global Financial Services	6/15/2009	591219022 1907	7/15/2009	-2	\$1,579.44

Vendor	Date	No.	Due Date	Age	Open Balance
Sun Microsystems Global Financial Services Total					\$1,579.44
Tri State Distribution, Inc.	6/23/2009	338053	7/23/2009	-10	\$1,306.77
Tri State Distribution, Inc. Total					\$1,306.77
UPS	6/27/2009		7/15/2009	-2	\$10,977.05
UPS Total					\$10,977.05
Wells Fargo Financial Leasing	6/30/2009	6745121525	7/15/2009	-2	\$298.03
Wells Fargo Financial Leasing Total					\$298.03
Westport Business Park Associates LLP	6/20/2009		6/20/2009	23	\$11,103.57
Westport Business Park Associates LLP Total					\$11,103.57
Westwood Square, P/S/P	6/20/2009		6/20/2009	23	\$250.00
Westwood Square, P/S/P Total					\$250.00
Will-cutt Lawn Service	6/26/2009	6/11-6/25/09	7/26/2009	-13	\$120.00
Will-cutt Lawn Service Total					\$120.00
Grand Total					\$94,608.59

Prevalence Health, LLC
Accrued Expenses - Month End Accruals
June 2009

<u>Description</u>	<u>Amount</u>
UPS Shipping Accrual	5,268.88
LA Script Fee - 6/2009	1,064.00
Outstanding Payroll Checks	4,594.14
2008 Audit & Tax Return	979.30
2008 FL operating expenses - Rent	684.08
401k Admin Fees	1,430.00
Florida Property Taxes	3,265.60
Louisiana Property Taxes	11,500.00
Accrued Payroll	66,148.00
Accrued Vacation	40,527.00
Total Accrued Expenses	<u>135,461.00</u>
Balance per GL	<u>135,461.00</u>
Difference	<u>-</u>

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period June 1 to June 30, 2009

ACCOUNTS RECEIVABLE AGING REPORT

[illegible]

7/14/2009

Accounts Receivable Summary
As of 6/30/09

<u>Receivable from:</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91 - 120</u>	<u>120+</u>	<u>Total</u>
Insurance (Medicaid)	\$ 664,627	\$ 53,514	\$ 20,546	\$ 19,897	\$ 161,706	\$ 920,290
Patients (Co-Pay)	20,925	16,572	16,301	17,966	111,092	182,856
Total Accounts Rec	\$ 685,552	\$ 70,086	\$ 36,847	\$ 37,863	\$ 272,798	\$ 1,103,146
 Estimated Reserve	 6,893	 8,420	 16,712	 18,961	 191,945	 242,930
Insurance	0.25%	0.25%	2.0%	5.0%	50.0%	
Patients	25.0%	50.0%	100.0%	100.0%	100.0%	
 AR per ScriptMed	 \$ 1,103,146					
Deposits in NetSuite not Scriptmed	(59,198)					
Deposits in Scriptmed not NetSuite	\$ 44,010					
 Adjusted AR per ScriptMed	 1,087,958					
 AR per GL	 1,087,957					
 Difference	 0.77					

Prevalence Health - LA
5323 Machost Rd
Zachary LA 70791

Report UPC0004 - Summary AR Report for Insurance

Report Date Jun 30, 2009

Responsible Collector None Defined

	Current	31-60	61-90	91-120	121-150	151-360	360+	Total
ACTLAD AETNA PART D LA	\$1,243.20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,243.20
AFL AMERIGROUP FL	\$1,689.91	\$129.98	\$4.82	\$5.66	\$0.00	\$0.00	\$251.81	\$2,082.18
APPROFID AMERICAN PROG FL PART D	\$2,215.20	\$1,163.67	\$0.00	\$0.00	\$121.54	\$81.39	\$994.27	\$4,596.07
BCBSILD BCBS ILLINOIS PART D	\$10.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10.40
COMFLD COMMUNITY CARE PART D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COMFLD COMMUNITY CARE PART D L	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
COMFLD COMMUNITY CARE PART D L	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
FLM FLORIDA MEDICAID	\$116,760.94	\$1,569.94	\$1,975.09	\$1,660.13	\$1,502.35	\$6,353.38	\$0.00	\$129,821.83
FLS FLORIDA MEDICAID DME	\$26,461.98	\$642.90	\$168.22	\$468.43	\$1,922.95	\$16,355.24	\$8,325.44	\$57,514.26
HSLAD HEALTHSPRING PART D LA	\$10,380.56	\$315.06	\$30.48	\$0.00	\$0.00	\$289.96	\$0.00	\$11,016.06
HUMFLD HUMANA PART D FL	\$24,043.09	\$212.18	\$0.00	\$192.44	\$268.34	\$882.56	\$2,000.36	\$27,598.99
HUMFLD HUMANA PART D LA	\$6,026.05	\$126.02	\$0.00	\$0.00	\$13.77	\$183.58	\$64.33	\$6,413.75
ILN ILLINOIS MEDICAID	\$67,863.99	\$7,007.57	\$72.59	\$2,580.06	\$1,164.42	\$5,292.91	\$1,504.14	\$83,435.68
INM INDIANA MEDICAID	\$0.00	\$0.00	\$0.00	\$30.00	\$29.39	\$138.38	\$497.71	\$725.48
LAM LOUISIANA MEDICAID	\$35,084.83	\$1,958.81	\$3,156.49	\$5,666.61	\$5,644.24	\$12,543.50	\$8,302.03	\$70,358.51
MBC MS BLUE CROSS LAMS	\$841.67	\$0.00	\$0.00	\$65.67	\$0.00	\$169.59	\$0.00	\$1,076.93
MEDFLD MEDCO PART D FL	\$1,313.47	\$0.00	\$20.20	\$0.00	\$0.00	\$0.00	\$0.00	\$1,333.67
MEDLAD MEDCO PART D LA	\$12,616.85	\$478.47	\$7.56	\$433.44	\$0.00	\$485.59	\$0.00	\$14,021.91
MEUFLD MEMBER HEALTH PART D	\$42,882.88	\$1,031.82	\$52.04	\$399.56	\$187.65	\$62.70	\$0.00	\$44,665.45
MEMFLD MEMBER HEALTH PART D	\$32,055.51	\$39.76	\$1,164.77	\$48.42	\$49.78	\$184.35	\$0.00	\$33,542.59
MONFLD MARQUETTE NATL PART D	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$706.11	\$0.00	\$706.11
MONLAD MARQUETTE NATL PART D L	\$4,778.20	\$140.68	\$0.00	\$12.16	\$0.00	\$122.22	\$2.31	\$5,055.57
MSM MISSISSIPPI MEDICAID	\$51,781.73	\$1,048.25	\$1,067.76	\$975.22	\$825.12	\$8,880.72	\$2,686.98	\$66,995.78
MSS MISSISSIPPI MED. SUPPLIES	\$21,679.62	\$12,718.94	\$3,722.27	\$4,167.63	\$8,023.13	\$24,714.95	\$5,799.13	\$80,825.67
NOGLAD NDC PART D LA	\$24.43	\$0.00	\$31.62	\$0.00	\$0.00	\$0.00	\$0.00	\$116.05
OMN OMNISYS-MEDICARE IL	\$25,136.58	\$13,680.77	\$8,219.21	\$1,394.01	\$1,666.23	\$11,477.30	\$3,019.12	\$64,593.22
PACFLD PACIFICARE PART D FL	\$38,196.83	\$382.18	\$169.07	\$94.91	\$82.78	\$683.36	\$784.26	\$40,693.41
PACLAD PACIFICARE PART D LA	\$25,543.85	\$0.00	\$464.38	\$151.58	\$9.81	\$483.29	\$162.74	\$26,815.65
PAGFLD PACIFICARE WRAP PART D L	\$1,473.03	\$94.21	\$20.95	\$0.00	\$0.00	\$84.00	\$378.49	\$2,000.68
PCF AMERIGROUP FLORIDA-PCS	\$10,419.37	\$2,018.13	\$0.00	\$103.00	\$69.07	\$491.37	\$396.37	\$13,497.31
POSFLD POSTEMP EXAMINER PART D	\$0.00	\$0.00	\$73.89	\$0.00	\$0.00	\$0.00	\$0.00	\$73.89
RXLAD RX AMERICA PART D LA	\$0.00	\$0.00	\$0.00	\$142.63	\$69.90	\$44.85	\$0.00	\$257.38
SILFLD SILVERSCRIPT PART D LA	\$37,038.41	\$8,277.97	\$30.49	\$0.00	\$392.17	\$240.99	\$308.50	\$46,188.59
TNM TENNESSEE MEDICAID	\$544.59	\$0.00	\$27.19	\$27.19	\$481.25	\$734.44	\$167.20	\$1,981.86
UPFLD UNITED HEALTHCARE FL	\$0.00	\$0.00	\$0.00	\$0.00	\$155.99	\$0.00	\$0.00	\$155.99
UNFLD UNICARE PART D FL	\$22,821.92	\$421.10	\$26.17	\$556.51	\$1,021.98	\$205.46	\$1,782.34	\$26,835.48
UNFLD UNICARE PART D LA	\$9,587.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,587.72
WLC WELL CARE HEALTH HEASE	\$8,506.54	\$0.00	\$4.04	\$13.06	\$0.00	\$1831.06	\$277.31	\$10,632.01
WUFLD WELL CARE PART D FL	\$18,101.21	\$56.50	\$4.53	\$427.90	\$0.00	\$1,358.19	\$1,215.46	\$21,143.79

Prevalence Health - LA
5323 Machost Rd
Zachary LA 70791

Report UPC0004 - Summary AR Report for Insurance

Report Date Jun 30, 2009

Responsible Collector None Defined

WIC/AD	WELL	CARE	PART	TIME	31-60	61-90	91-120	121-150	151-360	360+	Total
					Current						
					\$7,136.89	\$82.85	\$0.00	\$15.00	\$66.30	\$395.48	\$7,676.96
					\$664,626.85	\$20,546.78	\$19,897.14	\$24,620.36	\$97,289.17	\$39,797.64	\$920,292.55

Report Totals					\$53,514.11	\$20,546.78	\$19,897.14	\$24,620.36	\$97,289.17	\$39,797.64	\$920,292.55
---------------	--	--	--	--	-------------	-------------	-------------	-------------	-------------	-------------	--------------

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

SUPPORTING SCHEDULES

For Period _____ to _____, 20____

INSURANCE SCHEDULE

<u>Type</u>	<u>Carrier/Agent</u>	<u>Coverage (\$)</u>	<u>Date of Expiration</u>	<u>Premium Paid</u>
Workers' Compensation	<u>Arch Insurance</u>	<u>500,000</u>	<u>3/1/10</u>	<u>Yes</u>
General Liability	<u>Arch Specialty Insurance</u>	<u>3,000,000 Agg.</u> <u>1,000,000 Occ.</u>	<u>3/1/10</u>	<u>Yes</u>
Property (Fire, Theft)	<u>Liberty Mutual Fire Ins.</u>	<u>4,250,000 BI</u> <u>3,303,500 PP</u>	<u>3/1/10</u>	<u>Yes</u>
Vehicle	<u>Arch Specialty Insurance</u>	<u>1,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
Other (list):				
<u>Crime</u>	<u>Westchester Fire Ins.</u>	<u>1,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
<u>Directors + Officers</u>	<u>Darwin National Ins.</u>	<u>3,000,000</u>	<u>3/1/10</u>	<u>Yes</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.

(2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID LS PREVA-1	DATE (MM/DD/YYYY) 06/19/09
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447 Phone: 601-956-5810 Fax: 601-957-7098		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Prevalence Health, LLC 4270 I-55 North, Ste 102 Jackson MS 39211		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Arch Specialty Insurance Co.	21199
		INSURER B: Darwin National Assurance Co.	16624
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	ADD'L NSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	FLP003074700	12/01/08	03/01/10	EACH OCCURRENCE \$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		X Professional Liab				PERSONAL & ADV INJURY \$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 3,000,000
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				PRODUCTS - COM/PO/ AGG \$ 3,000,000
						Emp Ben. 1,000,000
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		ANY AUTO				BODILY INJURY (Per person) \$
		ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		ANY AUTO				OTHER THAN EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
		DEDUCTIBLE				\$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
		OTHER				E.L. DISEASE - EA EMPLOYEE \$
B		Directors & Officers	03042613	12/01/08	03/01/10	E.L. DISEASE - POLICY LIMIT \$
						Limit 3,000,000


DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is shown as an additional insured solely with respect to general liability and professional liability coverage as evidenced herein as required by written contract.
(Form #02HGJ000300 02/07)

CERTIFICATE HOLDER

MCAL000 Ronald H. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson MS 39269	
---	--

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.	
	

ACORD		CERTIFICATE OF PROPERTY INSURANCE				DATE (MM/DD/YY) 06/25/09
PRODUCER Arthur J. Gallagher Risk Management Services, Inc. P. O. Box 16447 Jackson MS 39236-6447 Rebecca B. Chandler Phone: 601-956-5810 Fax: 601-957-7098				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
INSURED Prevalence Health, LLC 4270 I-55 North, Ste 102 Jackson MS 39211				COMPANIES AFFORDING COVERAGE		
				COMPANY A Liberty Mutual Fire Insurance		
				COMPANY B Westchester Fire Ins. Co.		
				COMPANY C COMPANY D		
COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	COVERED PROPERTY	LIMITS
A	<input checked="" type="checkbox"/> PROPERTY	YU2L9L450864018 Replacement Cost 24 Hour Waiting Period - Interruption of Service Including Equip Breakdown	12/01/08	03/01/10	<input type="checkbox"/> BUILDING	\$
	CAUSES OF LOSS				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ 3,303,500
	<input type="checkbox"/> BASIC				<input checked="" type="checkbox"/> BUSINESS INCOME	\$ 4,250,000
	<input type="checkbox"/> BROAD				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL				<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> EARTHQUAKE				<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD				<input type="checkbox"/> BLANKET BLDG & PP	\$
					<input checked="" type="checkbox"/> Flood	\$ 1,000,000
					<input checked="" type="checkbox"/> Earth Movement	\$ 1,000,000
					INLAND MARINE	
	TYPE OF POLICY				\$	
	CAUSES OF LOSS				\$	
	<input type="checkbox"/> NAMED PERILS				\$	
	<input type="checkbox"/> OTHER				\$	
B	<input checked="" type="checkbox"/> CRIME	BMI20061594	12/01/08	03/01/10	<input type="checkbox"/> Employee Theft	\$ 1,000,000
	<input type="checkbox"/> Retention				\$ 10,000	
	TYPE OF POLICY				\$	
	Crime				\$	
	<input type="checkbox"/> BOILER & MACHINERY				\$	
	OTHER				\$	
LOCATION OF PREMISES/DESCRIPTION OF PROPERTY						
SPECIAL CONDITIONS/OTHER COVERAGES Deductibles: All other perils - \$10,000; Earth Movement \$100,000 for New Madrid / \$50,000 for all other locations; Flood \$50,000; \$50,000 Named Storm for Zachary, LA location only; 5% Named Storm for Florida locations						
CERTIFICATE HOLDER MCAL000 Ronald E. McAlpin Assistant US Trustee 100 W Capitol Street, Ste 706 Jackson MS 39269			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
ACORD 24 (1/95)			AGORD CORPORATION 1995			

NOTEPAD:

HOLDER CODE 11041000

PRFVA-1

PAGE 2

INSURED'S NAME Prevalence Health, LLC

OP ID 88

DATE 06/25/09

Certificate holder is shown as a loss payee solely with respect to property coverage as evidenced herein as required by written contract per form RM1102 03/08.

CASE NAME: Prevalence Health LLC CASE NUMBER: 09-02016-ee

NARRATIVE STATEMENT

For Period June 1 to June 30, 2009

Please provide a brief description of the significant business and legal action by the debtor, its creditors or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

see attached

NARRATIVE STATEMENT - PREVALENCE HEALTH, LLC
June 2009

The Debtor filed its Chapter 11 bankruptcy petition on June 9, 2009 and the next day filed several "First Day" Motions to permit it to maintain more normal operations. After a hearing, the Court entered various Interim Orders approving those First Day Motions.

After negotiations with its largest unsecured creditor, AmerisourceBergen, the Debtor developed a revised 30-day budget for use of cash collateral. This budget was approved by AmerisourceBergen, and the Court entered an Order allowing the Debtor to use cash collateral in accordance with that budget. The Debtor also provided weekly cash reports to AmerisourceBergen concerning the Debtor's cash generation or usage.

The Debtor had at least two conference calls with AmerisourceBergen shortly after the bankruptcy filing to discuss its operations and the direction of this Chapter 11 case. The Debtor coordinated with Guy Stillwell, the consultant for AmerisourceBergen, concerning the Debtor's operations and provided requested documents and information to the consultant to permit it to get a better grasp of the Debtor's operations.

At the outset of the bankruptcy case, the Debtor announced its intention to sell all or substantially all of its assets in a sale under section 363 of the Bankruptcy Code. To that end, the Debtor negotiated with SafeMeds Solutions, LLC, a limited liability entity formed by some investors in the Debtor's holding company, concerning various drafts of asset purchase agreements under which SafeMeds might purchase some of the assets of the Debtor. The Debtor was never able to reach any agreement with SafeMeds about satisfactory terms for the sale of these assets. The Debtor also contacted and began preliminary steps to discuss with other prospective buyers for the Debtor's assets.

The Debtor met with the bankruptcy analyst of the United States Trustee in the initial debtor interview to review the guidelines and operating procedures of the Office of the United States Trustee for a chapter 11 case.

Although the Debtor initially projected substantial losses for the first four months of operation, the Debtor was able to stabilize its operations post-petition and operate nearly at a break-even level for the month of June. At the same time, the Debtor began to take steps in June to consolidate its operations and to prepare its operations for a sale of its assets through a formal and structured section 363 sale process.

Jackson 4331184v1

Prevalence Health, LLC
Reconciliation Summary - 1001 Regions
As of 6/30/2009

ID	Balance
Reconciled	
Cleared Deposits and Other Credits	1,308,845.86
Cleared Checks and Payments	(1,314,069.80)
Total - Reconciled	(5,223.94)
Last Reconciled Statement Balance - 5/31/2009	623,992.48
Current Reconciled Balance	618,768.54
Reconcile Statement Balance - 6/30/2009	618,768.54
Difference	0.00
Unreconciled	
Uncleared	
Checks and Payments	(3,744.18)
Total - Uncleared	(3,744.18)
Cleared	
Deposits and Other Credits	1,577.64
Total - Cleared	1,577.64
Total as of 6/30/2009	616,602.00
Misc JE	< 52.00 >
	<u>616,550</u>



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201



00108090 02 AT 0.482 002
PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 76
1 of 11

COMMERCIAL ANALYZED CHECKING
May 30, 2009 through June 30, 2009

SUMMARY

Beginning Balance	\$623,992.48	Minimum Balance	\$445,060
Deposits & Credits	\$1,308,002.53 +		
Withdrawals	\$1,152,943.20 -		
Fees	\$581.50 -		
Automatic Transfers	\$0.00 +		
Checks	\$159,701.77 -		
Ending Balance	\$618,768.54		

DEPOSITS & CREDITS

06/01	Deposit - Thank You	896.63
06/01	Deposit - Thank You	83.79
06/01	State of Ill Commercial 0006Prevalence Ah3199957001932	22,187.72
06/01	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	279.32
06/02	Deposit - Thank You	79,246.40
06/02	Deposit - Thank You	320.72
06/02	State of Ill Commercial 0006Prevalence Ah3217310003344	1,191.57
06/02	State of Ill Commercial 0006Prevalence Ah3217310003345	52.47
06/03	Deposit - Thank You	408.60
06/03	Deposit - Thank You	175.90
06/03	Unisys Corp Payment-LA Prevalence Hea 00234061051864	30,793.48
06/03	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,522.55
06/03	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	3.40
06/04	Deposit - Thank You	142.00
06/04	State of Florida Medicaid Prevalence Hea 022400600	78,333.86
06/04	Regions Bank Acct Trans MS364174656 Ccooley	19,606.85
06/04	State of Florida Medicaid Prevalence Hea 022400601	1.25
06/05	Deposit - Thank You	41,159.19
06/05	Deposit - Thank You	817.62
06/08	Deposit - Thank You	365.26
06/08	State of Ill Commercial 0006Prevalence Ah3268062000951	98,838.22
06/08	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	408.37
06/09	Deposit - Thank You	42,762.25
06/09	Deposit - Thank You	1,041.08
06/09	Unisys Corp Payment-LA Prevalence Hea 00234061052954	56,631.93
06/09	Memberhealth Cln Payment Tedsmeds.Recei 2091470	27,933.03
06/09	Memberhealth Cln Payment Tedsmeds.Recei 2089540	8,547.77
06/09	State of Ill Commercial 0006Prevalence Ah3281655006373	2,930.21
06/09	State of Ill Commercial 0006Prevalence Ah3281655006374	2,723.07
06/09	Merchant Service Merch Dep Health Allianc 8003547554	232.60
06/10	Deposit - Thank You	3,410.47
06/10	Deposit - Thank You	271.35
06/10	Deposit - Thank You	208.50
06/11	Deposit - Thank You	1,127.31



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 76
2 of 11

DEPOSITS & CREDITS (CONTINUED)

06/11	Deposit - Thank You	550.62
06/11	Deposit - Thank You	429.49
06/11	Regions Bank Acct Trans MS364174656 Ccooley	102,839.00
06/11	State of Florida Medicaid Prevalence Hea 022400600	56,414.46
06/11	State of Florida Medicaid Prevalence Hea 022400601	6,770.97
06/11	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090606	1,192.89
06/11	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	721.28
06/11	Merchant Service Merch Dep Health Allianc 8003547554	93.71
06/11	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090606	4.41
06/12	Deposit - Thank You	834.59
06/12	Deposit - Thank You	329.02
06/12	Merchant Service Merch Dep Health Allianc 8003547554	155.50
06/15	Deposit - Thank You	11,691.67
06/15	Deposit - Thank You	352.42
06/15	State of Ill Commercial 0006Prevalence Ah3364926002705	39,224.40
06/16	Deposit - Thank You	84,844.07
06/16	Deposit - Thank You	1,023.14
06/16	State of Ill Commercial 0006Prevalence Ah3397102006776	127.79
06/16	Merchant Service Merch Dep Health Allianc 8003547554	96.38
06/16	State of Ill Commercial 0006Prevalence Ah3397102006777	6.63
06/17	Deposit - Thank You	35.00
06/17	Unisys Corp Payment-LA Prevalence Hea 00234061053815	47,877.47
06/17	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	1,640.95
06/17	Merchant Service Merch Dep Health Allianc 8003547554	6.00
06/18	Deposit - Thank You	123.37
06/18	State of Florida Medicaid Prevalence Hea 022400600	53,481.47
06/18	State of Florida Medicaid Prevalence Hea 022400601	12,986.80
06/18	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00440949090613	2,514.55
06/18	Merchant Service Merch Dep Health Allianc 8003547554	96.21
06/18	Acs MS Title Xix Sysgen-EFT Prevalence Hea 00330698090613	34.91
06/19	Regions Bank Acct Trans MS364174656 Ccooley	22,526.00
06/19	Merchant Service Merch Dep Health Allianc 8003547554	311.60
06/22	Deposit - Thank You	29,739.16
06/22	Deposit - Thank You	269.89
06/22	State of Ill Commercial 0006Prevalence Ah3458320002711	22,744.95
06/23	Deposit - Thank You	26,118.28
06/23	Deposit - Thank You	661.68
06/23	Deposit - Thank You	106.77
06/23	Memberhealth Clin Payment Tedsmeds.Recei 2100535	27,941.62
06/23	State of Ill Commercial 0006Prevalence Ah3472543001941	11,087.52
06/23	Memberhealth Clin Payment Tedsmeds.Recei 2098577	4,970.07
06/23	State of Ill Commercial 0006Prevalence Ah3472543001939	2,066.05
06/23	State of Ill Commercial 0006Prevalence Ah3472543001940	677.04
06/23	State of Ill Commercial 0006Prevalence Ah3472543001938	15.09
06/23	State of Ill Commercial 0006Prevalence Ah3472543001942	3.00
06/24	Deposit - Thank You	1,251.90
06/24	Deposit - Thank You	146.84
06/24	Unisys Corp Payment-LA Prevalence Hea 00234061054688	32,415.48
06/24	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	881.16
06/24	EDS Corporation Ifssa/Dh 1821009333 Pre 200810340A	318.49



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 76
3 of 11

DEPOSITS & CREDITS (CONTINUED)

06/24	Merchant Service Merch Dep Health Allianc 8003547554	20.30
06/25	State of Florida Medicaid Prevalence Hea 022400600	56,366.01
06/25	State of Florida Medicaid Prevalence Hea 022400601	8,044.13
06/25	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	120.74
06/25	Merchant Service Merch Dep Health Allianc 8003547554	89.59
06/26	Deposit - Thank You	30,373.16
06/26	Deposit - Thank You	144.50
06/26	Deposit - Thank You	120.80
06/26	Merchant Service Merch Dep Health Allianc 8003547554	55.41
06/29	Deposit - Thank You	65.00
06/29	Deposit - Thank You	55.70
06/29	Ngs Inc 17003 Dtc Depos Prevalence Hea 1232650002	161.81
06/30	Deposit - Thank You	60,806.43
06/30	Deposit - Thank You	108.39
06/30	State of Ill Commercial 0006Prevalence Ah3525222001955	14,827.90
06/30	State of Ill Commercial 0006Prevalence Ah3525222001954	928.72
06/30	State of Ill Commercial 0006Prevalence Ah3525222001953	371.59
06/30	State of Ill Commercial 0006Prevalence Ah3525222001952	35.85
Total Deposits & Credits		\$1,308,002.53

WITHDRAWALS

06/01	Wire Transfer American Recie	69,238.00
06/01	Wire Transfer American Recie	6,800.73
06/01	Blue Cross of MS Insur Prem Prevalence Hol 0041599	11,769.38
06/02	Wire Transfer American Recie	44,309.35
06/02	Wire Transfer American Recie	30,000.00
06/02	Merchant Service Merch Fee Health Allianc 8003547554	64.21
06/03	Wire Transfer American Recie	48,822.58
06/04	Wire Transfer American Recie	39,111.63
06/04	Pay Systems of A 6207 Payrl Prevalence Hea 6207 6207	34,391.77
06/04	Pitney Bowes Postage Prevalence Hea 42906255	200.00
06/05	Rtrn Depstd Itm # of Itm(S) 0001	20.00
06/05	Wire Transfer Butler,Snow,O'	56,039.00
06/05	Wire Transfer American Recie	31,912.54
06/05	Pay Systems of A Tax Col Health Allianc	14,295.82
06/05	Cardinal Health Prevalence Prevalence Hea 26 683937	2,241.77
06/05	Pitney Bowes Postage Prevalence Hea 37069390	500.00
06/08	Wire Transfer American Recie	40,395.59
06/10	Wire Transfer American Recie	70,925.07
06/10	American Express Elec Remit Stacey L Holt 090609063967410	860.56
06/11	Wire Transfer American Recie	27,000.00
06/12	Pitney Bowes Postage Prevalence Hea 42906255	200.00
06/15	Wire Transfer American Recie	95,312.35
06/15	Securian Rtmnt Plan Prevalence Hol	121.14
06/16	Wire Transfer American Recie	41,351.68
06/17	Wire Transfer American Recie	31,688.00
06/17	Wire Transfer American Recie	30,000.47



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 76
4 of 11

WITHDRAWALS (CONTINUED)

06/18	Pay Systems of A 6207 Payrl Prevalence Hea 6207	32,651.87
06/19	Wire Transfer American Recie	16,794.50
06/19	Wire Transfer Emily Corp.	4,330.00
06/19	Pay Systems of A Tax Col Health Allianc	13,863.97
06/22	Wire Transfer American Recie	21,587.58
06/22	Federal Express Deblt Ted S Meds Titan328110644	6,000.00
06/23	Wire Transfer American Recie	47,977.79
06/23	Wire Transfer Bayer Corporat	4,387.20
06/23	Pitney Bowes Postedge Bonnie Savoie 37968013	1,000.00
06/23	Pitney Bowes Postage Prevalence Hea 42906255	200.00
06/24	Wire Transfer American Recie	40,106.07
06/24	Merchant Service Merch Chbk Health Allianc 8003547554	95.00
06/25	Wire Transfer American Recie	30,609.00
06/25	Securian Rltmnt Plan Prevalence Hol	121.15
06/26	Wire Transfer American Recie	23,796.42
06/26	Staples Quill CO Echeck Cooley 1249232951	402.79
06/29	Wire Transfer American Recie	70,903.45
06/29	Wire Transfer Bayer Corp Hea	3,284.40
06/30	Wire Transfer American Recie	68,175.71
06/30	Wire Transfer American Recie	38,489.64
06/30	Wire Transfer Emily Corp	595.02
Total Withdrawals		\$1,152,943.20

FEES

06/02	Stop Pay-Special Pay Inst Fee	0.00
06/09	Analysis Charge 05-09	581.50
06/16	Stop Pay-Special Pay Inst Fee	0.00
Total Fees		\$581.50

CHECKS

Date	Check No.	Amount	Date	Check No.	Amount
06/08	60984	10.00	06/03	61016	66.00
06/04	61006 *	255.00	06/02	61017	1,893.75
06/02	61008 *	168.94	06/02	61019 *	1,161.99
06/02	61009	627.22	06/01	61021 *	1,560.00
06/04	61010	566.35	06/02	61022	118.46
06/01	61011	5,522.28	06/02	61023	1,881.06
06/02	61012	400.00	06/02	61024	1,252.49
06/04	61013	10.18	06/04	61025	50.00
06/08	61014	75.00	06/02	61026	303.98
06/02	61015	434.16	06/01	61027	2,050.00



Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Cycle 001
Enclosures 27
Page 76
5 of 11

CHECKS (CONTINUED)

Date	Check No.	Amount	Date	Check No.	Amount
06/04	61028	103.01	06/04	61057	7,666.66
06/01	61029	9,144.29	06/16	61058	1,149.98
06/02	61030	45.60	06/08	61059	4,875.00
06/02	61031	1,992.00	06/08	61060	1,546.78
06/05	61032	9,938.72	06/08	61062 *	18.20
06/03	61033	468.35	06/10	61064 *	438.29
06/02	61034	11,671.18	06/25	61066 *	2,625.00
06/08	61036 *	1,992.00	06/25	61067	210.00
06/09	61037	1,815.45	06/26	61068	2,681.82
06/08	61038	99.00	06/29	61069	14.17
06/04	61039	1,000.00	06/25	61070	8,479.84
06/05	61040	117.60	06/26	61078 *	169.96
06/15	61041	500.32	06/26	61082 *	20.28
06/09	61042	887.93	06/29	61084 *	19,476.19
06/10	61043	40.00	06/30	61085	1,751.84
06/04	61044	370.00	06/25	61086	396.50
06/10	61045	55.00	06/25	61087	1,500.00
06/08	61046	1,940.87	06/25	61088	2,656.00
06/08	61047	6,168.00	06/15	910457 *	629.29
06/10	61048	97.77	06/03	910458	2,669.90
06/08	61049	1,102.54	06/16	910463 *	2,669.90
06/09	61050	81.00	06/05	910464	855.13
06/08	61051	338.50	06/05	910465	647.49
06/09	61052	11,347.82	06/05	910466	541.33
06/08	61053	198.18	06/23	910469 *	1,844.41
06/09	61054	361.92	06/19	910470	863.45
06/08	61055	11,103.57	06/19	910471	528.10
06/05	61056	785.71	06/19	910472	603.07

Total Checks \$159,701.77

* Break In Check Number Sequence.

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance	Date	Balance
06/01	541,355.26	06/11	677,152.90	06/23	727,618.89
06/02	525,842.03	06/12	678,272.01	06/24	722,451.99
06/03	506,719.13	06/15	632,977.40	06/25	740,474.97
06/04	520,978.49	06/16	673,903.85	06/26	744,097.57
06/05	445,060.19	06/17	661,774.80	06/29	650,701.87
06/08	474,808.81	06/18	698,360.24	06/30	618,768.54
06/09	602,535.13	06/19	684,214.75		
06/10	534,008.76	06/22	709,381.17		



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

	001
Cycle	27
Enclosures	76
Page	6 of 11

**You may request account disclosures containing
terms, fees, and rate information (if applicable)
for your account by contacting any Regions office.**

**For all your banking needs, please call 1-800-REGIONS.
or visit us on the Internet at www.regions.com.**

Thank You For Banking With Regions!



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 7 of 11

Check # 60984 dated 06/08/2009 for \$10.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Check# 60984 06/08/2009 \$10.00

Check # 61006 dated 06/04/2009 for \$255.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000005500⑆

Check# 61006 06/04/2009 \$255.00

Check # 61008 dated 06/02/2009 for \$168.94. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Check# 61008 06/02/2009 \$168.94

Check # 61009 dated 06/02/2009 for \$627.22. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Chr # 61009 06/02/2009 \$627.22

Check # 61010 dated 06/04/2009 for \$566.35. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000005635⑆

Check# 61010 06/04/2009 \$566.35

Check # 61011 dated 06/01/2009 for \$5522.28. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000005528⑆

Check# 61011 06/01/2009 \$5522.28

Check # 61012 dated 06/02/2009 for \$400.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Check# 61012 06/02/2009 \$400.00

Check # 61013 dated 06/04/2009 for \$10.18. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001018⑆

Check# 61013 06/04/2009 \$10.18

Check # 61014 dated 06/08/2009 for \$75.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Check# 61014 06/08/2009 \$75.00

Check # 61015 dated 06/02/2009 for \$434.16. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000004341⑆

Check# 61015 06/02/2009 \$434.16

Check # 61016 dated 06/03/2009 for \$66.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Check# 61016 06/03/2009 \$66.00

Check # 61017 dated 06/02/2009 for \$1893.75. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001893⑆

Check# 61017 06/02/2009 \$1893.75

Check # 61019 dated 06/02/2009 for \$1161.99. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001161⑆

Check# 61019 06/02/2009 \$1161.99

Check # 61021 dated 06/01/2009 for \$1560.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001560⑆

Check# 61021 06/01/2009 \$1560.00

Check # 61022 dated 06/02/2009 for \$118.46. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001184⑆

Check# 61022 06/02/2009 \$118.46

Check # 61023 dated 06/02/2009 for \$1881.06. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001881⑆

Check# 61023 06/02/2009 \$1881.06

Check # 61024 dated 06/02/2009 for \$1252.49. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000001252⑆

Check# 61024 06/02/2009 \$1252.49

Check # 61025 dated 06/04/2009 for \$50.00. Payable to Prevalence Health, LLC. MICR line: ⑆06109⑆ ⑆065305902⑆ ⑆9001277993⑆ ⑆0000000000⑆

Check# 61025 06/04/2009 \$50.00



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 8 of 11

Check # 61026 06/02/2009 \$303.98

Check # 61027 06/01/2009 \$2050.00

Check # 61028 06/04/2009 \$103.01

Check # 61029 06/01/2009 \$9144.29

Check # 61030 06/02/2009 \$45.60

Check # 61031 06/02/2009 \$1992.00

Check # 61032 06/05/2009 \$9938.72

Check # 61033 06/03/2009 \$468.35

Check # 61034 06/02/2009 \$11671.18

Check # 61036 06/08/2009 \$1992.00

Check # 61037 06/09/2009 \$1815.45

Check # 61038 06/08/2009 \$99.00

Check # 61039 06/04/2009 \$1000.00

Check # 61040 06/05/2009 \$117.60

Check # 61041 06/15/2009 \$500.32

Check # 61042 06/09/2009 \$887.93

Check # 61043 06/10/2009 \$40.00

Check # 61044 06/04/2009 \$370.00



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 9 of 11

Check #61045 dated 06/10/2009 for \$55.00. Payable to Prevalence Health, LLC. MICR line: ⑆061045⑆ 410651059024 9001277993⑆ ⑆000005503⑆

Check# 61045 06/10/2009 \$55.00

Check #61046 dated 06/08/2009 for \$1940.87. Payable to Prevalence Health, LLC. MICR line: ⑆061046⑆ 410651059024 9001277993⑆ ⑆000194087⑆

Check# 61046 06/08/2009 \$1940.87

Check #61047 dated 06/08/2009 for \$6168.00. Payable to Prevalence Health, LLC. MICR line: ⑆061047⑆ 410651059024 9001277993⑆ ⑆000616800⑆

Check# 61047 06/08/2009 \$6168.00

Check #61048 dated 06/10/2009 for \$97.77. Payable to Prevalence Health, LLC. MICR line: ⑆061048⑆ 410651059024 9001277993⑆ ⑆00009777⑆

Check# 61048 06/10/2009 \$97.77

Check #61049 dated 06/08/2009 for \$1102.54. Payable to Prevalence Health, LLC. MICR line: ⑆061049⑆ 410651059024 9001277993⑆ ⑆000110254⑆

Check# 61049 06/08/2009 \$1102.54

Check #61050 dated 06/09/2009 for \$81.00. Payable to Prevalence Health, LLC. MICR line: ⑆061050⑆ 410651059024 9001277993⑆ ⑆000081000⑆

Check# 61050 06/09/2009 \$81.00

Check #61051 dated 06/08/2009 for \$338.50. Payable to Prevalence Health, LLC. MICR line: ⑆061051⑆ 410651059024 9001277993⑆ ⑆00033850⑆

Check# 61051 06/08/2009 \$338.50

Check #61052 dated 06/09/2009 for \$11347.82. Payable to Prevalence Health, LLC. MICR line: ⑆061052⑆ 410651059024 9001277993⑆ ⑆000113478⑆

Check# 61052 06/09/2009 \$11347.82

Check #61053 dated 06/08/2009 for \$198.18. Payable to Prevalence Health, LLC. MICR line: ⑆061053⑆ 410651059024 9001277993⑆ ⑆000019818⑆

Check# 61053 06/08/2009 \$198.18

Check #61054 dated 06/09/2009 for \$361.92. Payable to Prevalence Health, LLC. MICR line: ⑆061054⑆ 410651059024 9001277993⑆ ⑆00036192⑆

Check# 61054 06/09/2009 \$361.92

Check #61055 dated 06/08/2009 for \$11103.57. Payable to Prevalence Health, LLC. MICR line: ⑆061055⑆ 410651059024 9001277993⑆ ⑆000111035⑆

Check# 61055 06/08/2009 \$11103.57

Check #61056 dated 06/05/2009 for \$785.71. Payable to Prevalence Health, LLC. MICR line: ⑆061056⑆ 410651059024 9001277993⑆ ⑆000078571⑆

Check# 61056 06/05/2009 \$785.71

Check #61057 dated 06/04/2009 for \$7666.66. Payable to Prevalence Health, LLC. MICR line: ⑆061057⑆ 410651059024 9001277993⑆ ⑆00076666⑆

Check# 61057 06/04/2009 \$7666.66

Check #61058 dated 06/16/2009 for \$1149.98. Payable to Prevalence Health, LLC. MICR line: ⑆061058⑆ 410651059024 9001277993⑆ ⑆000114998⑆

Check# 61058 06/16/2009 \$1149.98

Check #61059 dated 06/08/2009 for \$4875.00. Payable to Prevalence Health, LLC. MICR line: ⑆061059⑆ 410651059024 9001277993⑆ ⑆000487500⑆

Check# 61059 06/08/2009 \$4875.00

Check #61060 dated 06/08/2009 for \$1546.78. Payable to Prevalence Health, LLC. MICR line: ⑆061060⑆ 410651059024 9001277993⑆ ⑆000154678⑆

Check# 61060 06/08/2009 \$1546.78

Check #61062 dated 06/08/2009 for \$18.20. Payable to Prevalence Health, LLC. MICR line: ⑆061062⑆ 410651059024 9001277993⑆ ⑆000001820⑆

Check# 61062 06/08/2009 \$18.20

Check #61064 dated 06/10/2009 for \$438.29. Payable to Prevalence Health, LLC. MICR line: ⑆061064⑆ 410651059024 9001277993⑆ ⑆000043829⑆

Check# 61064 06/10/2009 \$438.29



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 10 of 11

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/25/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 2625.00

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61066 06/25/2009 \$2625.00

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/25/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 210.00

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61067 06/25/2009 \$210.00

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/26/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 2681.82

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61068 06/26/2009 \$2681.82

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/29/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 14.17

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61069 06/29/2009 \$14.17

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/25/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 8479.84

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61070 06/25/2009 \$8479.84

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/26/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 169.96

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61078 06/26/2009 \$169.96

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/26/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 20.28

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61082 06/26/2009 \$20.28

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/29/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 19476.19

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61084 06/29/2009 \$19476.19

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/30/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 1751.84

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61085 06/30/2009 \$1751.84

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/25/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 396.50

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61086 06/25/2009 \$396.50

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/25/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 1500.00

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61087 06/25/2009 \$1500.00

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/25/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 2656.00

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 61088 06/25/2009 \$2656.00

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/15/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 629.29

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 910457 06/15/2009 \$629.29

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/03/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 2669.90

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 910458 06/03/2009 \$2669.90

Prevalence Health, LLC
PO Box 12648
Jackson, MS 39236
6/16/09

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 2669.90

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH, LLC
PO BOX 12648
JACKSON, MS 39236-2648

Check# 910463 06/16/2009 \$2669.90

PREVALENCE HEALTH
4235 S 4th AVE
SUITE 101
JACKSON, MS 39211

CHECK DATE JUN 5, 2009 CHECK NO. 0910464

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 855.13

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH
4235 S 4th AVE
SUITE 101
JACKSON, MS 39211

Check# 910464 06/05/2009 \$855.13

PREVALENCE HEALTH
4235 S 4th AVE
SUITE 101
JACKSON, MS 39211

CHECK DATE JUN 5, 2009 CHECK NO. 0910465

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 647.49

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH
4235 S 4th AVE
SUITE 101
JACKSON, MS 39211

Check# 910465 06/05/2009 \$647.49

PREVALENCE HEALTH
4235 S 4th AVE
SUITE 101
JACKSON, MS 39211

CHECK DATE JUN 5, 2009 CHECK NO. 0910466

PAY TO THE ORDER OF Corey & Associates, Inc. \$ 541.33

FOR DEPOSIT ONLY
CASH ON HAND
CASH ON HAND
CASH ON HAND

PREVALENCE HEALTH
4235 S 4th AVE
SUITE 101
JACKSON, MS 39211

Check# 910466 06/05/2009 \$541.33



REGIONS

Regions Bank

Jackson 210 E Capitol ST Main
210 East Capitol Street
Jackson, MS 39201

PREVALENCE HEALTH LLC
PO BOX 12648
JACKSON MS 39236-2648



ACCOUNT # 9001277993

Page 11 of 11

PREVALENCE HEALTH 4270 S 135 NORTH SUITE 101 JACKSON, MS 39211	CHECK DATE JUN 19, 2009	CHECK NO. 0910469
PAY TO THE ORDER OF: 40 0100 0000 JAMES WALKER 1639 VENTURES RD VENTNERS, LA 70781		PAY THIS AMOUNT *****1844.41
⑈910469⑈ ⑆0651055026 ⑆9001277993⑈ /0000184441⑈		

Check# 910469 06/23/2009 \$1844.41

PREVALENCE HEALTH 4270 S 135 NORTH SUITE 101 JACKSON, MS 39211	CHECK DATE JUN 18, 2009	CHECK NO. 0910470
PAY TO THE ORDER OF: 40 0100 0000 TAMARA GARNETT PO BOX 10216 JACKSON, MS 39216		PAY THIS AMOUNT *****863.45
⑈910470⑈ ⑆0651055026 ⑆9001277993⑈ /0000086345⑈		

Check# 910470 06/19/2009 \$863.45

PREVALENCE HEALTH 4270 S 135 NORTH SUITE 101 JACKSON, MS 39211	CHECK DATE JUN 19, 2009	CHECK NO. 0910471
PAY TO THE ORDER OF: 40 0100 0000 DISNEY'S D'NEE 5411 WAINWRIGHT ROAD MADISON, MS 39180		PAY THIS AMOUNT *****528.10
⑈910471⑈ ⑆0651055026 ⑆9001277993⑈ /0000052810⑈		

Check# 910471 06/19/2009 \$528.10

PREVALENCE HEALTH 4270 S 135 NORTH SUITE 101 JACKSON, MS 39211	CHECK DATE JUN 19, 2009	CHECK NO. 0910472
PAY TO THE ORDER OF: 40 0100 0000 SPURDUS OUSOMES 3822 OXFORD AVE JACKSON, MS 39218		PAY THIS AMOUNT *****603.07
⑈910472⑈ ⑆0651055026 ⑆9001277993⑈ /0000050307⑈		

Ch # 910472 06/19/2009 \$603.07